

NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _____

Total Fee Calculation

| Fee Code | Total Claims | Number Extra | X | Fees | Fee = | Fee = |
|--------------------------|-----------------|-----------------|-------|------|-------|-------|
| Sm. Size | | | | | | |
| Basic Filing Fee | <u>201/101</u> | | | | | |
| Total Claims > 20 | <u>203/103</u> | | -20 = | X | | |
| Independent Claims > 3 | <u>202/102</u> | | -3 = | X | | |
| Mult. Dep. Claim Present | <u>204/104</u> | | | | | |
| Surcharge | <u>205/105</u> | | | | | |
| English Translation | <u>139</u> | | | | | |

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ _____

Less Filing Fees Submitted - \$ _____

BALANCE DUE = \$ _____

Office of Initial Patent Examination

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Reg. No. CTA 11/8/02

Application or Docket Number
09/185-704

PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|--|---------------------|--------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | 100 minus 20 = * 80 | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 13 minus 3 = * 12 | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | + |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | FEES | RATE | FEES |
|--------------|----------|------|-----------|
| | \$ _____ | | \$ 740 |
| x \$ _____ = | | | \$ 740.00 |
| x \$ _____ = | | | \$ 740.00 |
| x _____ = | | | \$ 740.00 |
| + _____ = | | | \$ 740.00 |
| TOTAL | | | \$ 740.00 |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| | Total (37 CFR 1.16(c)) | * Minus | ** |
| Independent (37 CFR 1.16(b)) | * | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------|----------------|
| x \$ _____ = | | | |
| x _____ = | | | |
| x _____ = | | | |
| + _____ = | | | |
| TOTAL ADDIT. FEE | | | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| | Total (37 CFR 1.16(c)) | * Minus | ** |
| Independent (37 CFR 1.16(b)) | * | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

(Column 1) (Column 2) (Column 3)

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------|----------------|
| x \$ _____ = | | | |
| x _____ = | | | |
| x _____ = | | | |
| + _____ = | | | |
| TOTAL ADDIT. FEE | | | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| | Total (37 CFR 1.16(c)) | * Minus | ** |
| Independent (37 CFR 1.16(b)) | * | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

(Column 1) (Column 2) (Column 3)

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------|----------------|
| x \$ _____ = | | | |
| x _____ = | | | |
| x _____ = | | | |
| + _____ = | | | |
| TOTAL ADDIT. FEE | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|----------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 129 minus 20 = | * 119 |
| INDEPENDENT CLAIMS | 18 minus 3 = | * 15 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

SMALL ENTITY
TYPE

OR

OTHER THAN
SMALL ENTITY

| RATE | FEE |
|--------|--------|
| | 395.00 |
| x\$11= | |
| x41= | |
| +135= | |

| RATE | FEE |
|--------|--------|
| | 790.00 |
| x\$22= | 239.6 |
| x82= | 133.0 |
| +270= | 303.0 |

OR TOTAL

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A

AMENDMENT B

AMENDMENT C

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|-------|---|------------------|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE |
|--------|------------------------|
| x\$11= | |
| x41= | |
| +135= | |

| RATE | ADDI- TIONAL FEE |
|--------|------------------------|
| x\$22= | |
| x82= | |
| +270= | |

OR TOTAL ADDIT. FEE

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|-------|---|------------------|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

| RATE | ADDI- TIONAL FEE |
|--------|------------------------|
| x\$11= | |
| x41= | |
| +135= | |

| RATE | ADDI- TIONAL FEE |
|--------|------------------------|
| x\$22= | |
| x82= | |
| +270= | |

OR TOTAL ADDIT. FEE

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

* U.S. Government Printing Office: 1997 - 430-571/69194

ADDIT. FEE

TOTAL

OR ADDIT. FEE